

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

November 22, 2013

[SD13-0008:HH: LJ]

Kim Malsam-Rysdon, Secretary
Department of Social Services
Richard F. Kneip Building
700 Governors Drive
Pierre, SD 57501-2291

Re: South Dakota State Plan Amendment (SPA) Transmittal Number 13-0008

Dear Ms. Malsam-Rysdon:

The Centers for Medicare & Medicaid Services (CMS) Denver Regional Office has completed its review of South Dakota State Plan Amendment (SPA) Transmittal Number 13-0008. This SPA implements Health Homes as authorized under Section 2703 of the Patient Protection and Affordable Care Act. The State plan pages for this SPA were submitted and approved through the Medicaid Model Data Lab. To qualify for enrollment in a health home, Medicaid participants must:

1. Have two or more chronic diseases or has one chronic condition and is at risk for another. Chronic diseases include: Asthma, COPD, Diabetes, Heart Disease, Hypertension, Substance Abuse, Obesity, Musculoskeletal and Neck/Back disorders. At-risk conditions include: Pre-Diabetes, tobacco use, cancer hypercholesterolemia, depression, and use of 6+ chronic medications. Or;
2. Have a single occurrence of a diagnosis for Severe Mental Illness or Emotional Disability, limited to schizophrenia, bipolar, major depression, mood disorders, Ethyl Alcohol-related psychotic disorders, anxiety, personality/social disorders, Attention Deficit Hyperactivity Disorder.

This SPA designates the following as health home providers: physicians, clinical practices or clinical group practices, rural clinics, community health centers, community mental health centers, Federally Qualified Health Centers (FQHCs), advanced practice nurses, or physician assistances when the provider has signed the attestation, taken the initial health home training and meets the provider standards.

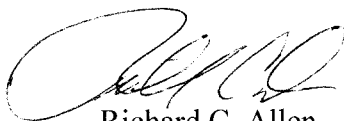
We are approving this SPA with an effective date of July 2, 2013, and have included the approved State plan pages with this letter. In accordance with the statutory provisions at Section 1945(c) (1) of the Social Security Act, for payments made to health home providers under this amendment, during

the first eight fiscal quarters that the SPA is in effect - July 2, 2013 through June 30, 2015, the Federal medical assistance percentage (FMAP) rate applicable to such payments shall be equal to 90 percent. The FMAP rate for payments made to health home providers will return to the state's published FMAP rate on July 1, 2015.

This approval is based on the State's agreement to collect and report information required for the evaluation of the health home model. States are also encouraged to report on the CMS' recommended core set of quality measures.

If you have any questions concerning this amendment or require further assistance, please contact Laurie Jensen at 303-844-7126 or Laurie.Jensen@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Allen', written over a horizontal line.

Richard C. Allen
Associate Regional Administrator
Divisions of Medicaid & Children's Health Operations

CC: Kirby Stone, Medicaid Director
Ann Schwartz
Amy Stewart